

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-015886

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 71

FILED MAY 14 1962

1. PLACE OF DEATH

a. COUNTY

Lincoln

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Lincoln

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Bedford Twp.

Length of stay in 1b

3 Days

c. CITY

OR TOWN

Troy

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Lincoln Co. Mem. Hosp.

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

None

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First Middle Last
Caroline Elizabeth Creech

4. DATE OF DEATH

Month Day Year
May 10, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8/29/15

9. AGE (last birthday)

46

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (City and state or country)

Lincoln Co., Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Herman Keck

13b. MOTHER'S MAIDEN NAME

Lily Meister

14. NAME OF HUSBAND OR WIFE

Kermit Creech

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give year or dates of service)

No

None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Kermit Creech, Troy, Missouri

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

PULMONARY EDEMA

INTERVAL BETWEEN ONSET AND DEATH

2 HOURS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

MYOCARDIAL INFARCTION

48 HRS

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

ABD. HYSTERECTOMY - INFARCT DURING SURGERY

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

9:45

4/15/58

to 5/10/62

and last saw her

A m on the date stated above, and to the best of my knowledge, from the causes stated.

5/10/62

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

Troy, Missouri

22c. DATE SIGNED

5/11/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5/12/62

23c. NAME OF CEMETERY OR CREMATORY

Troy Cemetery

23d. LOCATION (City, town, or county)

Troy, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Temper-Marsh Funeral Home, Troy, Mo.

25. DATE RECD. BY LOCAL REG.

5-11-1962

26. REGISTRAR'S SIGNATURE

Charlotte Leek

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Joseph J. Marsh Sr.

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.